

**BY ORDER OF THE COMMANDER
59TH MEDICAL WING**

59TH MEDICAL WING INSTRUCTION 31-101

8 APRIL 2014



Security

**MEDICAL FACILITY PHYSICAL SECURITY
PROGRAM**

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This instruction implements Air Force Policy Directive 31-1, *Integrated Defense*. This medical wing instruction (MDWI) establishes the policy, procedures, and standards for protecting the 59th Medical Wing's (MDW) facilities, resources, and personnel. Included are the standards for protecting people, property and facilities. This instruction applies to all personnel assigned or attached to the 59 MDW, working at all Joint Base San Antonio-Lackland (JBSA-LAK) medical buildings. The security program places responsibility on everyone to protect and safeguard Air Force resources. This instruction does not require the collection of information protected by the Privacy Act of 1974; however, it does require the creation of records in support of the Physical Security Program. Privacy Act System of Record F031 AF SPO, *Documentation for Identification and Entry Authority* applies. Collected information is "For Official Use Only." This instruction does not apply to the Air National Guard or Air Force Reserve. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*. The authority to waive requirements is the publication approval authority. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

SUMMARY OF CHANGES

This publication has been substantially revised. This rewrite of 59 MDWI 31-101 deleted all references to S3OH; updated instructions for handling prisoners as patients; removed all references to Wilford Hall Medical Center and Level 1 trauma services; updated current parking

areas and protocol for response to internal duress alarms; updated procedures on the wear of staff identification (ID) badges; removed all references to the Lackland Installation Security Council.

1. Responsibilities.

1.1. The 59 MDW/Commander (CC) develops a medical facility resources protection program according to Air Force directives, manages and allocates resources to support the medical facility resource protection program.

1.2. The 59 MDW/Vice Commander (CV) implements and directly supervises the 59 MDW's Fraud, Waste, and Abuse program.

1.3. The 59 MDW/Administrator (SGA) implements and directly supervises 59 MDW's Resource Protection Program.

1.3.1. Must be actively involved to surface problems, medical protection issues, and to enlist the aid of other base agencies in solving these problems and issues.

1.3.2. Manage proposed changes to the 59 MDW Resource Protection Program by pre-coordinating changes with the 502nd Security Forces Squadron (SFS)/Defense Forces Commander (502 SFS/DFC).

1.4. The 59 MDW staff and group and squadron commanders play a key role in the Resource Protection Program. Unit commanders must assume the resource protection responsibilities as established in AFI 31-101, *Integrated Defense (FOUO)*.

1.4.1. Units with controlled area designation shall ensure their Quality Assurance and Self Inspection programs include resource protection inspections in accordance with (IAW) AFI 31-101.

2. Installation Security Council (ISC).

1.1. The ISC is vital to the installation security planning process. The ISC meets annually or as required by 502 ABW/CC. ISC determines the need for and, if necessary, establishes working groups to address specific needs and/or issues.

3. Controlled Areas.

3.1. Controlled areas located within the 59 MDW, are marked with the appropriate warning signs.

3.2. 59 MDW Protection Level (PL) resources are ranked by level of importance on JBASA-LAK. These are subject to change; updated information can be located in the Installation Security Plan.

3.2.1. Alarm systems protecting PL IV (Controlled Areas) resources on JBASA-LAK and the Air Intelligence Agency use the Vindicator Alarm System and compatible equipment. The only exception is the National Security Agency Texas and Wilford Hall Ambulatory Surgical Center (WHASC) where the Hospital Automated Resource Protection System (HARPS) and Vindicator Alarm System are used.

3.2.2. All continuously manned Arms, Ammunition & Equipment facilities, Accounting and Finance cashier cages, vaults and pharmacies storing controlled substances will be equipped with a duress alarm. For further guidance, refer to AFI 31-101.

4. Identification Badge Program.

4.1. General.

4.1.1. The 59 MDW operates (24) hours per day with minimum restrictions on access. An identification badge facilitates positive identification of staff personnel and provides a basis for challenging suspicious or questionable persons. In the event of an emergency, an identification badge expedites identification of 59 MDW personnel and grants them re-entry into the facility.

4.2. Responsibilities.

4.2.1. The Facilities Management Flight (59MLRS/SGSKF) is responsible for the ID Badge Program. They will recommend changes and ensure the program is being managed effectively.

4.2.2. The Keys and Badges Office, located within Facilities, manages the badge computer program as well as the key control computer program. This office verifies Badge Request Letters prior to issue. Additionally, they will gather and destroy identification badges of personnel who have a permanent change of station (PCS), separate, retire or terminate employment.

4.2.3. All personnel issued a badge must safeguard it to prevent theft, loss, destruction, or unauthorized use, and immediately report these incidents to the Keys and Badges Office. All badges must be turned in to the Keys and Badges Office prior to PCS, separation, retirement, or employment termination. All 59 MDW personnel must challenge suspicious or questionable personnel in their work area, and never allow others to use their badge to gain access to the facility.

4.3. Procedures.

4.3.1. All personnel permanently assigned to the 59 MDW are issued an ID badge during in-processing. The badge will allow the owner access to the Auditorium and Clinic Entrances, Medical Library, and Fitness Center. Access to other areas in the facility is granted by the OPR responsible for that area. The OPR for each card reader group has determined the criteria for assignment. The Keys and Badges Office maintains a list of OPRs and criteria for access.

4.3.2. Badges will only be worn by 59 MDW personnel assigned to the WHASC or any of its outlying campus facilities while on duty. Badges will be removed by personnel when they exit a campus facility. Military personnel will wear the ID badge, in plain view, facing outward, on the upper left portion of the attire attached to the collar or pocket of the shirt. Non-military personnel will wear the ID badge, in plain view, on the upper portion of the attire, or attached to a lanyard worn around the neck.

4.3.3. Any lost or stolen badges will be reported immediately to the Keys and Badges Office. Reissue of lost, stolen, destroyed, or deteriorated badges will be processed with a Replacement for WHASC ID Badge letter outlining the circumstances and a new Badge Request letter, endorsed by flight, squadron, or group commander.

4.3.4. If badge is damaged, a new is issued without a replacement letter, as long as the old badge is turned in. If the individual does not have the damaged badge, then it is considered lost.

4.4. When out-processing, each individual hand carries the signed out-processing checklist to the Keys and Badges Office. The Keys and Badges Office will delete the individual's badge issue record and destroy the badge. The individual's section certifies all badge/key turn-in actions are complete by reviewing and signing the individual's out-processing checklist.

5. Control of Firearms, Dangerous Weapons and Materials.

5.1. Procedures.

5.1.1. The possession of firearms, ammunition, weapons, explosives, explosive devices, and incendiary devices are strictly prohibited on military installations and in military treatment facilities (MTF).

5.1.2. All WHASC staff has the continuing responsibility to make reasonable efforts to ensure patients and visitors are not in possession of weapons or dangerous items, and to call HARPS and Security Forces if any such items are found.

5.1.3. Each department, service, or section has a continuing responsibility to report to HARPS and Security Forces via 911 all suspicious persons, packages, etc., which may be in their area.

5.1.4. Contact Security Forces via 911; if explosives, explosive devices or incendiary devices are discovered, they will be left where discovered and the area evacuated.

5.2. Security Forces personnel will remain armed when coming to JBSA-LAK MTFs using the following policy:

5.2.1. On official duty:

5.2.1.1. While a patient: Checks in weapon at appropriate storage facility if patient care requires disrobing or receipt of treatment that impairs the member's mental status, or when 502 SFS policy requires checking of the weapon; otherwise the member will maintain their weapon.

5.2.1.2. On non-patient visits: May wear weapon while performing official duties.

5.2.2. Not on official duty:

5.2.2.1. No weapons will be allowed to be worn by personnel who are not on duty. **Note:** M4/M16 weapons will not normally be carried into the facility. However, in cases of emergencies (e.g. bomb threats/suspicious packages/Code Green/Code White) rifle weapons are allowed inside MTFs.

5.2.3. Civilian law enforcement agencies on OFFICIAL law enforcement business to this facility will be permitted to retain their firearms. Civilian law enforcement agencies visiting, attending sick call, or routine appointments. must secure their weapon prior to entering WHASC.

6. Normal Security Operations.

6.1. Protecting Personnel.

6.1.1. 59 MDW staff are required to park in parking lots D (Auditorium) any available outlying staff lots, and in the WHASC parking garage. Workers should arrange to arrive

and depart in groups, especially during the hours of darkness. Lot C (Clinic entrance) is dedicated for patients and visitors.

6.2. Protecting Property of Patients.

6.2.1. For routine appointments, patients should be encouraged to leave their valuables at home, or otherwise secured. Patients who opt to retain their valuables do so at their own risk.

6.2.2. When medical personnel take patients' property for safekeeping, extreme care must be taken to secure, inventory, and safeguard the property. The medical facility may be liable for personal property lost while under government control.

6.3. Protecting Property of Staff and Visitors.

6.3.1. Ambulatory Surgical Center (ASC) staff, patients and visitors who choose to keep their valuables are solely responsible for the security of their personal property. Personnel must make a conscious effort to secure their property, even if unattended for only a short period of time.

6.4. Protecting Government Property.

6.4.1. All personnel assigned to the 59 MDW are prohibited from removing any item of supply or equipment from any facility without the written consent of the 59 MDW/CC or designated representative.

6.4.1.1. 59 MDW/CV/SGH/SGN/SGA, group and squadron commanders are the designated representatives of the 59 MDW/CC. They are authorized to issue written consent on behalf of the 59 MDW/CC for the removal of 59 MDW equipment and supplies from the facility within their jurisdiction. No one else has this authority.

6.5. Internal Facility Protection.

6.5.1. To be successful, the responsibility for internal facility protection must be accepted by everyone. The 502 SFS cannot bear the entire responsibility. Each 59 MDW staff member must ensure their work area and the property under their control is locked when unattended, even if only for a short period of time.

6.6. External Facility Protection.

6.6.1. Protection of a MTF begins at its outer boundary.

6.6.1.1. Area lighting for parking lots, isolated pedestrian routes, building entrances and remote facilities is the responsibility of Facilities Management (59 MLRS/SFSKF).

6.7. Hospital Automated Resource Protection System.

6.7.1. HARPS is operated under a non-personal services contract to provide personnel to monitor the HARPS security equipment. This includes observing the closed circuit television system; monitoring the status of the electromagnetic door locks, door contact switches and the duress, intrusion, and motion detector alarms; answering the telephones; and immediately notifying Security Forces of all alarms or other situations in order to protect the 59 MDW patients, visitors, staff, and resources.

6.8. Controlling Vehicle Traffic and Parking.

6.8.1. The traffic around the medical center is regulated by AFI 31-218I, *Motor Vehicle Traffic Supervision*, AFMAN31-201V3, *Security/Flight Operations*, AFMAN31-116, *Air Force Motor Vehicle Traffic Supervision* and 59 MDWI 31-102, *Parking Program*.

6.8.1.1. The speed limit in all base parking lots, including medical facilities, is ten miles per hour (10 mph); with the exception of the parking garage which is (5mph).

6.8.1.2. Pedestrians will cross streets only at intersections and crosswalks. Pedestrians in crosswalks will have the right-of-way. However, vehicle operators should be willing to give the right-of-way to pedestrians, even those not using crosswalks.

6.8.1.3. Traffic control devices help regulate the orderly flow of traffic. Failing to obey such devices is a major cause of many traffic collisions. Drivers should also obey stop lines at each parking row.

6.8.1.4. Easy unobstructed access to the ASCI by people with disabilities must be maintained.

6.8.1.4.1. Vehicles bearing authorized handicap placards or license plates including vehicles displaying a Disabled Veterans license plate are permitted in handicapped spaces.

6.8.1.4.2. Handicap decals should not be used unless the disabled person issued the placard or license plate is an occupant of the vehicle.

6.8.1.5. Patient parking. The steady flow of outpatients in and out of this facility requires a designated patient parking area. It is necessary to facilitate an orderly movement and exchange of patients ending appointments and those arriving for appointments. ASC staff must understand that the designated Patient Parking Only areas are designed to maintain the integrity of the ASC appointment system.

6.8.1.6. 59 MDWI31-102, *Parking Program* defines a parking space as the area allocated in or around any facility, designated by two vertical, horizontal, or diagonal white lines for the temporary storage of a passenger-carrying motor vehicle.”

6.8.1.7. Urgent Care Clinic parking is for use by Urgent Care Clinic patients and Handicap patients..

6.8.1.8. The following parking lots are designated Patient Parking Only: Parking lot C (Clinic Entrance), Hyperbaric/PT, Urgent Care Center, and B3352 West and East. Staff personnel are not allowed to park in these areas between the hours of 0700-1630, Monday-Friday while on duty.

6.8.1.9. Vehicles found to be illegally parked may be ticketed or issued a warning notice.

6.9. Controlling Criminal Activity.

6.9.1. The 59 MDW and its external facilities are lucrative targets for theft and crime. This is primarily due to a healthcare intensive environment and the large volume of drugs, expensive supplies and equipment, and funds used in everyday functions. The

integration of staff, patients, and visitors on a continuous basis, with different moral and social values, creates potential for chaos and crime in and around the 59 MDW complexes.

6.9.1.1. The 59 MDW operate 24 hours a day, seven days a week with minimum restrictions, thereby increasing its vulnerability. Pharmacies and dental clinics face the very real threat of increasing drug abuse in the community. The Clinical Research Division animal research programs present special targets for animal welfare activists and anti-research groups. Large parking lots around 59 MDW are filled with automobiles of all types and sizes with an abundance of high theft items which invites opportunistic thieves.

6.9.1.2. Success in countering these threats relies on the integrated efforts of the ASC staff, HARPS and Security Forces. Staff must be constantly aware of what is going on around them, watching the people and property in their fields of view in order to recognize a criminal act and report it immediately to Security Forces.

6.9.1.3. All military personnel and Department of the Air Force civilians are duty bound to report criminal acts and cooperate in any criminal investigation.

6.9.1.4. Often, personnel recognize situations, procedures, and conditions which tend to promote criminal activity. Every effort should be taken to eliminate these crime hazards as a way of defeating criminal activity before it occurs. Such crime hazards can include anything from reporting inadequate security devices (e.g., locks and lighting) to reporting personnel intentionally violating proper security precautions. Personnel are encouraged to report all crime hazards they observe by calling HARPS at 292-6070. Any situation of a serious nature should be reported via 911.

6.10. Controlling Disturbances.

6.10.1. Providers, nurses, and technicians are responsible for the conduct of patients, visitors, and staff under their charge. Most minor disturbances can, and should be handled by medical personnel. Such minor disturbances usually involve argumentative, uncooperative, or generally unruly persons or patients unhappy with their treatment.

6.10.2. Active Duty military patients who fail or refuse to comply with established rules or instructions, but are not physically combative or threatening should be referred to their commander immediately.

6.10.3. Civilian Personnel (including retirees, and family members of active duty and retirees). A civilian patient who fails or refuses to comply with established rules or instructions can be ordered to leave the facility. Sponsors of family members should be contacted for assistance in controlling their family member's behavior.

6.10.4. Patient management is a medical responsibility. Security Forces will make every effort to assist medical personnel; however, they will not maintain a presence to enforce the instructions of medical personnel outside the scope of their Law Enforcement capacity. Security Forces should be called to assist when all other methods have failed in detaining or restraining a patient. Security Forces will not prevent a patient from leaving unless ordered to do so by a medical provider. The order to detain an individual means the provider believes the person is a threat to themselves or others. When called,

Security Forces will respond immediately so the patrolman may ascertain the situation in order to verify the facts surrounding the disturbance. Security Forces will then brief the physician that an AF Form 1168, *Statement of Suspect/Witness/Complainant*, will be completed which details the events surrounding the disturbance. Security Forces will depart the area after the patient has been returned to medical control.

7. Alarm Systems Operations.

7.1. All Intrusion Detection Systems and operation of these systems must meet the requirements of AFI 31-101.

7.1.1. User agencies are responsible for the proper use, administration, and maintenance of their alarm systems. Any person who fails to follow instructions from HARPS operators or Security Forces, or found not complying with the requirements will be subject to disciplinary action under Article 92 of the Uniform Code of Military Justice. Agency heads, when notified of this violation, must take these violations seriously and administer appropriate action to prevent recurrence.

7.2. Vindicator Alarms (Controlled Areas). These alarms terminate at JBASA-LAK 's Security Forces Emergency Control Center (ECC) and their activation results in a response by Security Forces. Their use, administration, and maintenance are regulated.

7.3. HARPS Alarms. HARPS is a contracted function working for 59 MDW. Its main purpose is to accomplish the mission of protecting patients, staff and ASCI resources. HARPS control center can be reached by calling 292-6070. These alarms terminate at HARPS and their activation results in a response either by Facility Management staff and or Security Forces. Their use, administration, and maintenance are regulated.

7.4. An authorized person opening an alarmed facility must first notify the HARPS Control center and request deactivation of the alarm system. HARPS will verify the person's identity and authorization before deactivating the alarm. The person must follow the HARPS operator's instructions completely. No one is allowed to deactivate the facility's alarm without HARPS clearance.

7.5. An authorized person closing an alarmed facility must first completely check the facility to ensure no other personnel are working in it. The person will then notify HARPS and request activation of the alarm system. HARPS will verify the person's identity and authorization before activating the alarm. The person must follow the HARPS operator's instructions completely. The person must not leave an alarmed facility unsecured or with its alarm not activated when unattended.

7.6. The 59 MDW Commander, Vice Commander, Administrator; and Security Forces officially acting in these capacities are authorized to give HARPS clearance to open or close areas and locks exclusively controlled by HARPS for unescorted personnel not on that area's entry authority list.

7.6.1. The clearance should be for a bona-fide emergency, but cannot include controlled areas or Bio Hazard level areas under the Base Resources Protection Program (e.g., pharmacies, narcotic storage vault, Medical Systems Operations computer room, Branch Exchange, Cashier's Cage).

7.6.2. The requester will provide the HARPS Control Center with his/her name and office symbol. The HARPS operator will include this information on their Access Control Log.

7.7. HARPS is equipped with a duress switch that sounds an alarm at the Security Forces ECC. HARPS operators must be thoroughly knowledgeable in its operation, including activation, testing, and resetting the system. The dayshift operator on duty must contact the ECC each Thursday by 1200 hours to test the system.

7.7.1. The HARPS duress alarms should only be activated when the staff requires immediate Security Forces response. If possible, an emergency call for assistance should be made by calling 911. No person will intentionally activate a duress alarm without cause or in jest. All personnel must follow Security Forces instructions completely. If the duress is activated for cause, every effort possible should be made to call for help. If it is activated by accident, someone in the facility should call the HARPS Control Center (292-6070) as soon as possible.

7.8. Many exterior and interior doors throughout the main building are equipped with electro-magnetic devices (Mag-Lock) controlled by HARPS. These doors can be identified by conspicuous signs displaying the times the doors are locked and unlocked.

7.9. No person will intentionally succeed or attempt to force these doors open. The HARPS operators monitor these doors on surveillance cameras and the doors are alarmed.

7.10. Special functions requiring access to Mag-Lock doors after hours can be arranged beforehand by submitting a written request through Facilities Management and HARPS control center (in turn) at least one duty day prior.

7.11. Card reader doors are the most used function in the HARPS. Access is determined by the information programmed into the magnetic strip on the back of 59 MDW ID badges. User must position the card properly and run it through the reader quickly. The reader will then display one of three indications:

7.11.1. A green light will allow access to the door. Personnel entering are responsible for ensuring no unauthorized individuals enter.

7.11.2. A red light or no light will not grant access to the door. Contact the HARPS Control Center for help. The HARPS operators can correct most problems. However, if the 59 MDW ID badge is found to be the problem, HARPS will not allow access to the door. The user must return the card to the 59 MDW Keys and Badge Issue Office for correction.

7.12. Malfunctions of the HARPS alarms can happen for any reason. When malfunctions occur, owner/user personnel must immediately notify the HARPS Control Center. The HARPS operator will either help the agency correct the problem then, or have a work order issued for a major problem. When a malfunction results in the loss of alarm coverage, the owner/user will maintain security of the facility until the problem can be fixed.

7.13. HARPS alarm testing is done by Environmental Monitoring Control System and HARPS personnel. An all-points alarm test of each alarmed facility must be conducted monthly. The HARPS operators will maintain a record of these tests. This record must be

kept IAW with AFI 31-101. Controlled areas are required to be tested once a quarter and annotated on AF Form 3132, *General Purpose Form*.

7.14. The HARPS control center is located next to the Main Information Desk. It is manned 24 hours a day, seven days a week including holidays, with a minimum of one trained HARPS operator. The operators will perform their duties according to the contract's Performance Work Statement and their duties must meet the standards in AFI 31-101, and all applicable 59 MDWIs.

7.15. HARPS operators must include order numbers involving malfunction repairs on an AF Form 3132, General Purpose Form used as the HARPS work order log. All work orders to modify, install, or remove any vindicator alarm equipment within a Controlled Area must be coordinated with the 802 SFS/Installation Security office and 802 SFS/Plans and Programs office.

8. Anti-Robbery/Anti-Terrorist.

8.1. General Information. Employee actions during a robbery are crucial to a proper Security Forces response. The required tasks are numerous and must be done simultaneously in order to be effective. Responses will be planned and practiced.

8.1.1. It enables managers and custodians to become familiar with procedures and provides guidelines and assistance to managers and custodians conducting anti-robbery training for their assigned personnel.

8.1.2. Knowledge of procedures to follow if a robbery occurs is important for safeguarding resources and protecting personnel. By following these procedures, the likelihood of a successful robbery attempt is reduced. Adherence to these procedures will also ensure quick response by Security Forces. All Controlled Areas will conduct training and exercises at least semi-annually and document it in their Resource Protection Folder. The 502 SFS has training that will assist and familiarize personnel with anti-robbery procedures when requested.

8.2. Required Actions. The procedures outlined below apply to all personnel in facilities under the jurisdiction of 59 MDW.

8.2.1. During a robbery:

8.2.1.1. Comply with all demands of the robber(s). Avoid actions that increase the danger to yourself and others. **MOST IMPORTANT** - your first concern is safety.

8.2.1.2. Funds and other non-firearms and munitions facilities will activate duress alarms (if installed) and immediately telephone the SFECC via 911, once robber departs the facility.

8.2.1.3. If robbery occurs while opening or closing an alarmed facility or container, the custodian will enter the pre-designated alarm duress code. Do not offer any resistance or interfere with the robbery in any way. Attempt to pass the internal duress word when the robber departs.

8.2.1.4. Note the robber's physical features, voice, accents, mannerisms, dress, kind of weapon, and any other characteristics that could be useful for identification purposes.

8.2.1.5. Secure any evidence the robber may have left but do not handle it unnecessarily. Provide it to the Security Forces Patrolman upon his arrival. Protect evidence by preventing others from touching articles the robber may have left behind. Also, ensure no one enters any area where the robber may have traveled.

8.2.1.6. Give the robber the amount requested (include marked money, if available)..

8.2.2. After the robbery:

8.2.2.1. Secure the facility.

8.2.2.2. Telephone Security Forces by dialing EMERGENCY 911, and advise them that a robbery has occurred. Provide a description of the suspect(s) and what has occurred.

8.2.2.3. Complete an AF Form 439, *Robbery Checklist*, as soon as possible after the robbery and provide to arriving Security Forces personnel.

8.2.2.4. Once the robber (s) depart, immediately notify co-workers that a robbery has occurred by utilizing the internal code. Instruct employees to attempt to determine the direction of departure and mode of travel. This is not to suggest the robber should be followed, but information can be obtained by simply looking out a door or window, safety permitting. Normally these duties are given to someone other than the person on the phone with Security Forces.

8.2.2.5. After the robber departs lock exterior doors and windows to prevent the robber from returning to take hostages. All business inside the facility will cease until the situation is terminated.

8.2.2.6. Secure and protect the crime scene and allow no one into the affected area except for Security Forces or Air Force Office of Special Investigations personnel. Protect physical evidence left by the robber(s), such as notes, fingerprints, etc.

8.2.2.7. Complete all other tasks as required by the ECC.

8.2.2.8. When instructed by the ECC have a designated employee exit the facility with proper identification to contact the Security Forces patrol.

8.2.2.9. Do not allow witnesses to discuss the robbery with each other until Security Forces have conducted the interviews.

8.3. Employee's Responsibility as a Witness:

8.3.1. Immediately complete both sides of AF Form 439 located in the immediate duty section. The average length of time to commit a violent act or robbery is less than three minutes. It is almost impossible for anyone to be observant enough to give a completely accurate description. However, as a witness, you can aid in the apprehension of the suspect and save hours, days or even weeks, of investigation.

9. Formal Event Security.

9.1. Project officers must assess the vulnerability to terrorist attack, unwanted civilian publicity, interruptions by disgruntled individuals when selecting a meeting site or arranging for transportation and for attendees to official gatherings. Such gatherings include, but are

not limited to, conferences, change-of-command ceremonies and similar functions where distinguished personnel are invited.

9.2. Project officers must consult with the Facility Management Director for guidance during initial planning. They will:

9.2.1. Provide a schedule of events and topics to be discussed..

9.2.2. Provide a list of attendees (if possible). For public events, such as change-of-command ceremonies, limit the list to distinguished visitors. Personal protections needs for distinguished visitors are too complex and varied to be addressed here. Therefore, personal protection actions will be considered on a case-by-case basis.

9.2.3. Limit distribution of schedules and rosters to activities having a need to know.

9.3. Consider consulting the following agencies when assessing the local threat:

9.3.1. 502 SFS Antiterrorism Section.

9.3.2. Detachment 409, AF Office of Special Investigations.

9.3.3. The base civilian employee relations division (802 MSS/DPCE).

9.3.4. Mental health specialists.

9.4. Low-Key Security Measures. Although important, visible security measures may not always be prudent. Politically sensitive or quasi-social events may warrant "low-key" security measures. Having designated Facilities Management staff equipped with a radio to respond to emergencies may suffice.

10. Handling Prisoners as Patients.

10.1. All prisoner patients will be the responsibility of the assigned staff physician only in matters pertaining to medical care or psychiatric treatment. The prisoner patient is the responsibility of the Defense Forces Commander in all matters pertaining to custody, security, status, and confinement policies. When a prisoner is being treated at the MTF the noncommissioned officer in charge (NCOIC) Confinement, 502 SFS will ensure information concerning the prisoner's status, custody, and personal history is available to medical staff soon as practical.

10.1.1. The NCOIC Confinement determines the control and custody grade (Maximum, Medium-in, Medium-out and Minimum) matters of each prisoner. The custody grade determines the guard requirements and amount of supervision the prisoner receives. Medical personnel will not make this determination.

10.1.1.1. Minimum custody prisoners can be supervised by section personnel. Although not required, it is recommended that they have one escort without restraints. These prisoners may participate in any activities associated with normal therapeutic treatment prescribed by the provider, except leaves, passes, and possessing money. Medical personnel will ensure these prisoners follow the instructions of this regulation and any others the NCOIC of Confinement may issue regarding the supervision of prisoners.

10.1.1.2. A Medium-out inmate will require one unarmed escort and no restraints. When possible, medium custody prisoners should be segregated from other MTF patients.

10.1.1.3. A Medium-in inmate will require two unarmed escorts from the prisoner's organization and full restraints. When possible, medium custody prisoners should be segregated from other MTF patients

10.1.1.4. A Maximum custody inmate will require two escorts, one of which will be armed, and full restraints. The armed escort does not have to be a Security Forces member, but can be recommended. When possible, Maximum custody prisoners should be segregated from other MTF patients. When removing the prisoner from a segregated area, the prisoner will be handcuffed.

10.2. Guarding or Supervising Procedures. For specific guidance, see AFI 31-205, *The Air Force Corrections System*. All wing personnel have the responsibility of guarding or supervising prisoners and will follow these instructions and any others issued by the NCOIC, Confinement. Any matter not covered by specific guidance will be referred to the NCOIC, Confinement for clarification.

10.3. Hospital guard personnel will not willfully permit prisoners to violate any of these restrictions. Prisoners will not:

10.3.1. Receive or possess any unauthorized items (see Rules for Confirmed Prisoners, for a list of authorized items. A copy of these rules is available from S3C).

10.3.2. Make or receive telephone calls without permission of the NCOIC, Confinement (all incoming calls for prisoner patients will be referred to the NCOIC, Confinement).

10.3.3. Send or receive mail that has not been inspected by the NCOIC, Confinement.

10.3.4. Talk to other patients.

10.3.5. Receive visitors, except official visits by such personnel as unit commanders, chaplains, legal counselors, or medical personnel necessary for their treatment.

10.4. All prisoners will:

10.4.1. Without question, promptly obey all lawful orders issued by supervisory and medical personnel.

10.4.2. Show proper military courtesy in all contacts with military personnel.

10.4.3. Meet the requirements of AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel* for dress and personal appearance; take a shower and perform routine hygiene each day; keep fingernails clean, neatly trimmed, and not protruding beyond fingertip ends; and male prisoners must shave at least once daily.

10.5. Guard personnel must immediately report all acts of prisoner misconduct to S3C. Also, all acts of misconduct by MTF guard personnel will be reported and investigated.

GLENN A. YAP, Colonel, USAF, MSC
Administrator, 59th Medical Wing

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 31-1, *Integrated Defense*, 28 October 2011

AFI 31-101, *Integrated Defense (FOUO)*, 8 October 2009

AFI 31-218I, *Motor Vehicle Traffic Supervision*, 22 May 2006

AFMAN 31-201V3, *Security/Flight operations*, 24 August 2009

AFI 31-205, *The Air Force Corrections System*, 7 April 2004

AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*, 18 July 2011

AFI 41-120 *Medical Resource Operations*, 18 October 2001

59 MDWI 31-102, *Parking Program*, 9 April 2013

Director of Central Intelligence Directive 1/21, *Physical Security Standards for Sensitive Compartmented Information Facilities*, 30 January 1994

DoD 5100.76-M, *Physical Security of Sensitive Conventional Arms, Ammunition, and Explosive*, (AA&E) 17 April 2012

Adopted Forms

AF Form 439, *Robbery Checklist*

AF Form 1168, *Statement of Suspect/Witness/Complainant*

AF Form 3132, *General Purpose Form*

Abbreviations and Acronyms

ASC—Ambulatory Surgical Center

ECC—Emergency Control Center

HARPS—Hospital Automated Resource Protection System

IAW—In Accordance With

ID—Identification

ISC—Installation Security Council

JBSA—LAK—Joint Base San Antonio-Lackland

MAG—LOCK—Magnetic Locking Device

MDW—Medical Wing

MDWI—Medical Wing Instruction

MTF—Military Treatment Facilities

NCOIC—Noncommissioned Officer in Charge

OPR—Office of Primary Responsibility

PCS—Permanently Change Station

PL—Protection Level

SFS—Security Forces Squadron

WHASC—Wilford Hall Ambulatory Surgical Center

Attachment 2

WILFORD HALL AMBULATORY SURGICAL CENTER PARKING

Figure A2.1. WILFORD HALL Ambulatory Surgical Center Parking.

